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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

**Candidate** Candidate Name: **Abraham D Rafie**  
Address: **14513 Floyd Street**  
Address2:  
City: **Overland Park** Zip: **66223**  
Home Phone: **(913) 777-1765** Business Phone: **(785) 296-7675** Cell Phone:  
County: **Johnson** Email Address: **abrahamrafie@gmail.com**  
Office Sought: **State Representative** District No.: **48**

**Treasurer** Date Appointed: **01/15/2017**  
Treasurer Name: **Ashley I Rafie**  
Address: **14513 Floyd Street**  
Address2:  
City: **Overland Park** State: **KS** Zip: **66223**  
Home Telephone: Business Phone: Cell Phone: **(281) 694-4520**  
Email Address: **ashleyrafie@gmail.com**

**Candidate** Date Appointed:  
**Committee** Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:  
Date: **1/15/2017 4:23:10 PM** Signature of Candidate: **Abraham D Rafie**

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